

PY2021 KISD Benefit Summary

	Plan A Plan 1	Plan B Plan 4 & 6	Plan C Plan 2	Plan D Plan 5
Replacing 2020 Plan				
Calendar Year Deductible	\$500/\$1,000	\$1,000/\$2,000	\$2800/ \$5600	\$5000/ \$10000
Preventive Visits	100% covered, No charge	100% covered, No charge	100% covered, No charge	100% covered, No charge
Physician Office Visits	\$0 Copay Children 18 and Under 1st Sick Visit \$0 \$35 Copay/Visit	\$0 Copay Children 18 and Under 1st Sick Visit \$0 \$35 Copay/Visit	20% after deductible	20% after deductible
Specialist Visits	\$50 Copay/Visit	\$80 Copay/Visit	20% after deductible	20% after deductible
Diagnostic Test (Lab and X-Ray)	No Charge	No Charge	20% after deductible	20% after deductible
Imaging (CT, MRI, etc.)	20% after deductible	\$500 Copay/Visit	20% after deductible	20% after deductible
Walk-In Clinic	\$35 Copay/Visit	\$35 Copay/Visit	20% after deductible	20% after deductible
Urgent Care Copay	\$75 Copay/Visit	\$75 Copay/Visit	20% after deductible	20% after deductible
Emergency Room Copay	\$300 Copay (Waived if admitted)	\$500 Copay (Waived if admitted)	20% after deductible	20% after deductible
Outpatient Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	\$1,500/Day Copay (max 3 Days)	20% after deductible	20% after deductible
Co-Insurance	20%	20%	20%	20%
Individual/Family Out of Pocket Maximum (Includes Deductible)	\$7,350/\$14,700	\$7,350/\$14,700	\$6,650/\$13,300	\$6,650/\$13,300
Prescription Benefits	\$10/\$50/\$90	\$10/\$50/\$90	Free Preventive Medications Prescriptions not on list are 20% after deductible	Free Preventive Medications Prescriptions not on list are 20% after deductible
Virtual Health	\$0 Copay Per Consultation	\$0 Copay Per Consultation During COVID-19 *Usually \$40 Copay Per Consultation*	\$0 Copay Per Consultation	\$0 Copay Per Consultation
PCP Required	No	No	No	No
Network	Preferred Regional	NationCare	Preferred Regional	Preferred Regional
Out of Network Benefits	No	YES	No	No
	Employee Premium	Employee Premium	Employee Premium	Employee Premium
Employee	\$202.00	\$272.00	\$90.00	\$0.00
Employee + Spouse	\$1,168.00	\$1,346.00	\$872.00	\$652.00
Employee + Child/ren	\$710.00	\$834.00	\$500.00	\$336.00
Employee + Family	\$1,494.00	\$1,706.00	\$1,138.00	\$856.00
	Full Premium	Full Premium	Full Premium	Full Premium
Employee	\$602.00	\$672.00	\$490.00	\$400.00
Employee + Spouse	\$1,568.00	\$1,746.00	\$1,272.00	\$1,052.00
Employee + Child/ren	\$1,110.00	\$1,234.00	\$900.00	\$736.00
Employee + Family	\$1,894.00	\$2,106.00	\$1,538.00	\$1,256.00